

## DOMESTIC ANIMAL RABIES REPORT FORM

## DO NOT WRITE IN THIS SPACE

Record Number: \_\_\_\_\_ Lab #: \_\_\_\_\_ ID #: \_\_\_\_\_ Week/Year Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person Filling Out Form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Reporting County: \_\_\_\_\_

**Please make every effort to complete all questions; if information is unknown, leave question blank.**

1. Name (or description) of animal: \_\_\_\_\_  
Age (estimate age for strays): \_\_\_\_yrs or \_\_\_\_months Sex: \_\_\_\_M \_\_\_\_F
2. Type of animal: \_\_\_\_cat \_\_\_\_cow \_\_\_\_dog \_\_\_\_horse (other: \_\_\_\_\_)  
Was this animal castrated or spayed? \_\_\_\_yes \_\_\_\_no
3. Class of animal: \_\_\_\_stray \_\_\_\_pet \_\_\_\_other (specify: \_\_\_\_\_)  
If pet, owner's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What type of environment was the animal living in most recently?  
\_\_\_\_urban \_\_\_\_suburban \_\_\_\_rural \_\_\_\_other (specify: \_\_\_\_\_)
5. Check any symptoms the animal exhibited within 10 days of death:  

____excitability	____restlessness	____unusual aggressiveness
____lethargy	____change in voice	____difficulty swallowing
____fever	____lameness	____paralyzed limbs
____seizure	____excess drooling	____loss of coordination
____drooping jaw	____loss of appetite	____sensitive to touch
____irritability	____afraid of light	____healed of open wound
____no symptoms	____other symptoms (specify: _____)	
6. Was the animal taken to a veterinarian for this illness? \_\_\_\_yes \_\_\_\_no  
If yes, name of veterinarian: \_\_\_\_\_ phone #: ( ) \_\_\_\_\_  
Date of initial visit: \_\_\_\_/\_\_\_\_/\_\_\_\_ What was his/her initial diagnosis? \_\_\_\_\_  
Were blood samples taken? \_\_\_\_yes \_\_\_\_no
7. Date first symptom appeared: \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Date of animal's death: \_\_\_\_/\_\_\_\_/\_\_\_\_
9. How did the animal die? \_\_\_\_euthanized \_\_\_\_died naturally \_\_\_\_road kill
10. Method of laboratory confirmation:  
\_\_\_\_fluorescent antibody \_\_\_\_mouse inoculation \_\_\_\_other (specify: \_\_\_\_\_)
11. How many people received post-exposure prophylaxis as a result of exposure to this animal? \_\_\_\_\_
12. Of these people, how many were actually bitten? \_\_\_\_\_  
Of these people, how many were scratched or licked on an open wound or mucous membrane? \_\_\_\_\_
13. How many animals were exposed? \_\_\_\_\_
14. What was the rabies vaccination status of the animal tested?  
\_\_\_\_current vaccination  
\_\_\_\_expired previous vaccination  
\_\_\_\_no previous vaccination  
\_\_\_\_unknown (explain: \_\_\_\_\_)

**If animal was owned, continue with question #15, otherwise go to question #26**

**Questions #15-25 are for owned animals only.**

15. For vaccinated animals, please complete the following table. List most recent vaccination first. For route of administration, write IM for intramuscular, SQ for subcutaneous, and U for unknown. For documentation, check yes if confirmed by a veterinarian or if there was written documentation (e.g., rabies certificate, receipt), otherwise check no.

Date Vaccinated	Name/Manufacturer of Vaccine	Route	Documented?	
1. ____/____/____	_____	_____	____yes	____no
2. ____/____/____	_____	_____	____yes	____no
3. ____/____/____	_____	_____	____yes	____no
4. ____/____/____	_____	_____	____yes	____no
5. ____/____/____	_____	_____	____yes	____no
6. ____/____/____	_____	_____	____yes	____no
7. ____/____/____	_____	_____	____yes	____no

**Answer the following for the 6 month period before the animal's death:**

16. Was the animal observed fighting or playing with any wild animals? \_\_\_\_yes \_\_\_\_no  
If yes, specify type of animal (s): \_\_\_\_\_
17. Was the animal observed fighting or playing with a previously confirmed rabid animal \_\_\_\_yes \_\_\_\_no  
If yes, specify type of animal (s): \_\_\_\_\_
18. Did the animal have an unexplained wound or cut? \_\_\_\_yes \_\_\_\_no  
If yes, specify type of animal (s): \_\_\_\_\_
19. Did the animal have an unexplained lameness? \_\_\_\_yes \_\_\_\_no
20. Was the animal missing for 24 hours or more? \_\_\_\_yes \_\_\_\_no
21. Approximately how many hours per day was the animal outside? \_\_\_\_hrs.
22. Was the animal kept on a leash or in a pen when outside? \_\_\_\_yes \_\_\_\_no
23. Was the animal kept indoors or in a pen at night? \_\_\_\_yes \_\_\_\_no
24. Was the animal used for hunting? \_\_\_\_yes \_\_\_\_no
25. Did the animal travel out of the country? \_\_\_\_yes \_\_\_\_no  
If yes, specify country and explain: \_\_\_\_\_

**End of questionnaire for owned animals**

**Questions #26-30 are for all other classes of animals.**

26. Did the animal have a collar or tag when captured? \_\_\_\_yes \_\_\_\_no
27. Was the animal fed on a regular basis by someone? \_\_\_\_yes \_\_\_\_no
28. Was the animal seen before in the community? \_\_\_\_yes \_\_\_\_no
29. Where was the animal when captured/found?  
\_\_\_\_residential area (e.g., home, private property)  
\_\_\_\_agricultural area (e.g., farm, feedlot)  
\_\_\_\_commercial area (e.g., shopping area, downtown)  
\_\_\_\_recreational area (e.g., park, playground)  
\_\_\_\_industrial area (e.g., factory, plant)  
\_\_\_\_other (specify: \_\_\_\_\_)
30. Is there evidence that this animal is from another country? \_\_\_\_yes \_\_\_\_no  
If yes, specify country and explain: \_\_\_\_\_

**Direct any questions and return completed forms to:**

Virginia Department of Health  
Office of Epidemiology  
Division of Zoonotic & Environmental Epidemiology  
Post Office Box 2448, Suite 516-East  
Richmond, Virginia 23218  
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